

City of San Marcos Ethics Review Commission Ethics Violation Complaint Form

*All fields **MUST** be completed and **NOTARIZED** for complaint to be considered.*

Complainant Information:

Name: (please print) _____

Address: _____

Phone number: _____

Fax number/email address: _____

Who is the complaint against:

Name: _____

Position with City: _____

MUST specify what law you allege was violated:

____ City Ethics Ordinance, Section(s) _____

___ State Conflict of Interest Statute (Local Government Code Chapter 171)

____ City Charter, Section(s) _____

Briefly state in your own words the facts that lead you to believe a violation has occurred:

[illegible]

revised November 2020